STATE OF MARYLAND

	OF DEATH				
County C	alun	1			
	Specific C	1 1	wo (No.	e	, <u>C</u>
PERSON	IAL AND STA	TISTIC	AL PART	ICULA	RS
SEX	4 COLOR OR	RACE 5	SINGLE, MARRIED,	m.	, ,
m	100		OR DIVOR (Write the	CED 7	2 d
DATE OF BIR		/	./)	
	No	W.	line	w	1
		Month)	(Day		(Year)
AGE					ESS than
7	8				ayhrs.
€	yra.	m	08	_ds. or.	min.?
(a) Trade, proparticular kind	ofession or l of work	20	urn	·	
(b) General na business, or es	ture of industry		//		
BIRTHPLACE (State or cou	ntry)	m	d		
10 NAME OF			1/3		
11 BIRTHPLA					

Registration Dist. No. 3 (If death occurred in Ward) a hospital or institu-tion, give ita NAME in-stead of street and number.)

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased f and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Signed) 1925 (Address) the Disease Causing Death, or, Violent Causes, atate (1) Means of Injury Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death.. In the Where was disease contracted, if not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL

MARGIN RESERVED

classifi

may

plai

R

œ

0

Every Item CIANS sho statement

(State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or country

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, 01 For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Automobile foctory. The material Laborer--Coal mine, etc. (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Statement of the primary affection of the primary of the primary

> American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haenorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by roilway troincan be ascertained as the cause. Always qualify all inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; L stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heort diseose Example: Measles (disease chopneumonia (secondary), etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

D		PHYSI-
X	CORED	be carefully supplied. ACE should be stated EXACTLY, PHYSI-DEATH in plain terms so that it may be properly classifled. Exact
202	NFADING INK-THIS IS A PERMA NT CON	be stated be proper
BINDIN	PERMA	should at it may
FOR	S IS A	d. ACI
RGIN RESERVED FOR BINDING	NKTHIS	y supplie
N RES	DING II	carefull FH in pl
RGI	(FA)	be DEA

1		1PLACE OF DEATH County Culvent	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 57
ricate.	Vil	age or City June Ling Lower (No	St.: Ward) St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street nn number.)
Leo		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWER, OR DIVORCED (Write the word)	16 DATE OF DEATH OPL 15, 193./ (Month) (Day) (Year)
no su	6 0	ATE OF BIRTH (Month) (Day) , 1 (Young)	that I last saw h a alive on 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
struction	7 A		than and that death occurred on the date stated above, at
See in	(e	Trade, profession or Janes Kee feet	Poron Clistis, Chronic Quego
portant.	h	o) General nature of industry usiness, or establishment in hich employed or (employer)	Contributory Afra
very im		(State or country) 10 NAME OF FATHER DOWN KNOW	(Signed) (Duration) yrs mos de
0 0	ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Adom	PAR	OF MOTHER 4 13 BIRTHPLACE OF MOTHER (State or country) #	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
To Jue	14 7	(Informant) Buy Tyler	Where was disease contracted, if not at place of death? Former or usual residence
statem	15	(Address) Afen Cinglown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April - 16, 1931 20 UNDERTAKER ADDRESS
	13	Filed Offe /5 1931 Mellete Registr	Willio J. Semle Dans
		If more blanks are needed, address State Re	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

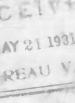
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Inysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Spinner, (b) Collon mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation and children, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Tranition." "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile", "Exhaustion," "Heart failure," American Medical Association.) as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicids; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature Carcinoma, Sarcoma, etc., of "Senile," etc.), "Dropsy, failure," "Haemorrhage, chopneumonia (secondary) etc. The contributory discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



	>	100	ı
7	Ä	381	
	AC	sias	ate
ı	K	iy o	fice
)	ted	per	arti
	sta	orc	f C
1	96	Je F	A
	9	ay k	000
	no	m	2
	sh	1 1	C
	CE	ha	ion
	A	00	lot
	ed	8 8	atri
	ppli	rm	2
	and	n te	800
	ily	a	
) fu	n p	200
	are	I	POP
	9	AT	mr
	d b	DE	7
	oul	F	4
	sh	E	G
	no	SO	C
•	lati	ò	F
1	rrr	te	A
)	info	Sta	CCI
	of	ig	Ö
	F	Jou	+
	iter	00	nen
	BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY,	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified	statement of OCCUPATION is very important. See instructions on back of certificates.
	ive.	CIA	3131
	1		0
,	20		

PLACE OF DEATH County Culvert Village or City Occur (No. St.: Ward) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED, MIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 1 HEREBY CERTIFY, That I attended the deee	Courred in or institu- NAME interest and
Village or City (No. St.: Ward) 2FULL NAME (No. St.: Ward) 2FULL NAME (No. St.: Ward) 2FULL NAME (If death or a hospital or tion, give its stead of stead	ccurred in or institu- NAME in- treet and
Village or City Ward) (If death or a hospital or tion, give its stead of a number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX OR DIVORCED (Write the word) (Month) (Day)	ccurred in or institu- NAME in- treet and
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. MARRIED. MARRIED. MORDIVORCED OR DIVORCED (Write the word) (Month) (Month)	193/(Year)
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word) (Month) (Day)	19 3 /
MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word) (Month) (Day)	19 3 /
17 I HERERY CERTIFY. That I attended the deep	
1835 april 1931 to april 3	, 1923/
(Month) (Day) (Year) that I last saw h alive on	., 1923
7 AGE If LESS than and that death occurred on the date stated above, at	m,
B OCCUPATION (a) Trade, profession or particular kind of work Daniel Selmen	
(b) General nature of industry business, or establishment in which employed or (employer)	de.
9 BIRTHPLACE (State or country) (State or country) (Durstion) (Durstion)	sds,
10 NAME OF FATHER Straw Coole (Signed) Silver Classes (Address) Suntangt	M. D.
OF FATHER (State or country) *State the Disease Causing Death, or, in death Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	s from Whether
of Mother Cusan Colo ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or country) At place of deathyrs	,eb,de
Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or	
(Informant) Lusius / Luce usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL	BURIAL
	, 193/
Filed Apl 4 1981 J. M. Leclele 20 UNDERTAKER Dance Dane	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more parent. I cohorer. Coal mine, etc. Wom-loborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foremon, For many occupations a single word or term on yrs). Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile foctory. The material and children, not gainfully em-Architect, Solesmon, (b) Locomotive engineer, The ques-Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstited unless importan+ inges, peritonaeum, etc., Examples: Aecidental drowning; Struck by railway troin-"Exhaustion," causing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condiinterstitial nephritis, Committee on Nomenclature "Meart failure," "Haemorrhage," Chronic Coreinoma, Sorcoma, etc., of Example: Measles (disease chopneumonia (secondary), etc. The contributory valvulor heart not be discase;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

INK-
UNFADING
Y. WITH
ALX
PL
WRITE

PLACE OF DEATH MA340 STATE OF MARYLAND County Cala CERTIFICATE OF DEATH Registration Dist. No. 57 (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month)(Day) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) that I last saw h ____alive on _____, 192____, 7 AGE Ilf LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: I day hrs. ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Z (State or country) Accidental, Suicidal or Homicidal, Ш 12 MAIDEN NAME PARI 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death (State or country Where was disease contracted, if not at place of death?.... Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Elmeson 7

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write Nonc. business, that fact may be indicated thus; Farmer (state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer--Coal mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tclanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasics; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, chopneumonia (secondary). etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more branks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEMANT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

V

..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "(Traemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory valvular heart Always qualify all not be

If this certificate is looked over thoroughly and all qu stions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD ed EXACTLY, PHYSI- ed EXACTLY, PHYSI- riffleste.	Village or City Dunkish (No. 2FULL NAME Janes Jore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 57 52 St.: Ward) (If death occurred i a hospital or institution, give its NAME ir stead of street an number.)
MAKGIN RESERVED FOR BINDING PLAIN VITH UNFADING INKTHIS IS A PERMANN I information should be carefully supplied. ACE should be stated state CAUSE OF DEATH in plain terms so that it may be proposed by the proposed of the	3 SEX 4 COLOR OR RACE MARRIED Wildowed. Wildowed. OR DIVORCED (Write the word) 5 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry ausiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) MARRIED Wildow Wildow (Write the word) (Write the word) (Year) 14 17 18 19 19 10 10 10 11 11 12 13 13 13 14 15 14 15 16 17 17 17 18 18 18 18 18 18 18	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from 1934 to 1924 and that death occurred on the date stated above, at many the CAUSE OF DEATH * was as follows: (Duration) yrs mos december of the date stated above, at mos december of the date of death yrs mos december of death yrs m
WRITE I	(Informant) Wisley Rosker (Address) Rosker	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 27, 193 20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart Example: Measles (disease chopneumonia (secondary), etc. The contributory Always qualify all disease not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 21 1931 BILL CALL V.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will he sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealr," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomotive engineer, 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) Chronic interstitial nephritis, letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature Always qualify all Measles; not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE O	OF MARYLAND-	-CERTIFICATE OF DEATH (1437)
0 1	Country	116)
n.	A 4	Registration Dist. No.
Village or City	-un-	No. St., W. If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where	death occurredyrsmo	osds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME	bhen gray-	
(a) Residence: No.	flunktik hr (Usual place of abode)	. St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Wells	5. SWOLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH April 5 193 (Month) (Oay) (Year
5a. If married, widowed, or divorced		
HUSBAND OF Bertha	Gray-	22. I HEREBY CERTIFY, That I attended deceased cut. 1930, to april 6, 19
	rarch 27 18.84	I last saw h son alive on a fruit 2 , 19 \$ 1; death is
7. AGE Years Months	Oays If LESS than 1 day,hrs	to have occurred on the date stated above, at
41.	9 ormln.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer -	(allingua (Homail)
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Oata deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
/. /	+ (- +	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	N Gurlog	
# 13. NAME Jam	101 gran-	
14. BIRTHPLACE (city or town)	Caldel lants	Name of operation gesteroentwostomy. Date of hear.
(State or country)		What test confirmed diagnosis? 44.5 Was there an autopsy?
15. MAIDEN NAME	?0	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	En	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	ca,	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Data April 8, 1931	Manner of Injury
19. UNOERTAKER William ! S	enell	24. Was disease or injury In any way related to occupation of deceased? 200
(Address) Lars		If so, specify Fail C. Hazara
20. FILED Africa, 1931	Mar Cold Registrar.	(Signed) Ling Commenced
		r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 61921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	------------	------------	----	-----------